

MDR Tracking # M4-04-0335-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9-3-03.

I. DISPUTE

Whether there should be additional reimbursement for CPT code E1399-22, rendered on 2/3/03.

II. RATIONALE

Review of the requestors' position statement received on 9/18/03, stated in part, "that the amount billed for the durable medical equipment was fair and reasonable.

Review of the respondent's position statement received on 9/17/03, stated in part, "that payment was issued for the services rendered.

Review of the file indicates that the requestor billed \$245 for the 30 day rental of the DME and \$110 for the DME supplies. The item in dispute is the rental DME, for which the respondent paid \$150. In accordance with the 1996 Medical Fee Guideline, part VI of the General Instructions states that "a MAR is listed for each code excluding documentation of procedure (DOP) codes and HCPCS codes. HCPs shall bill their usual and customary charges. The insurance carrier will reimburse the lesser of the billed charge, or the MAR. CPT codes for which no reimbursement is listed (DOP) shall be reimbursed at the fair and reasonable rate." Relevant information (i.e. redacted EOBs- with same or similar services- showing amount billed is fair and reasonable) was submitted by the requestor to confirm that \$245 is their usual and customary charge for this service. Therefore, additional reimbursement is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) **E1399-22** in the amount of **\$95**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$95** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 11th day of April 2005.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division